



Commonwealth of Massachusetts

VENDOR DEDUCTION REQUEST FORM

Please add the following vendor to the Vendor Deduction File:

Vendor Name: _____

Address: _____

City/State/Zip Code: _____

Contact Person: _____

Telephone: (____) _____

Vendor Business: _____

Request submitted by:

Full Name (First, Last, MI): _____

Tel #: (____) _____

Department Name: _____

Dept. Code: _____

Date: _____

For CTR Use Only

Date Request Received: _____

Approved: **0** **YES** **0** **NO***

***If No, Reason for Denial** _____

Date CTR Added to Reference File: _____